U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25/13	2. Fiscal Year Covered From:
	01 / 01 / 2065 Through: 12 / 31 / 2065
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Steven - Tayler	Name Machinist AFL-CTOLL-2452
	Labor Organization File Number CL&515
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 19285 Odim Drive	Street 770 Lower Frny Road
City Citronelless	City Leroy
State UA(1) sure control respect to 2 ZIP Code + 4 3/53/3 sp. C	State A 2007 17 46.6 37 18 ZIP. Code + 4 345 48
5. Position in labor organization. Committeman	
20 (3); - V	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Olin Card:	2137 Annual National Upppa Conference
Trade Name, if any:	Dalles, Tx
P.O. Box, Bldg., Room No., if any P.O. Box 2.8	
Construents of the control open of any many median	7.b. Amount _{deptors} consequence
Street Tudistrial Road	The property of the second of
City McJNToSH (Citations and Control of Citations)	5 934. 90 maior
State ZIP Code + 4 3655.3	
Signature Stones The Dellar	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
· Signed Seven July	On: 3/21/2006 251 866-2472 Date Telephone Number
V 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Date Telephone Number